PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | | 140/578344 | | | |
|--|--|--|----------------|--|------------------------------|--------------------------|----------|--|------------------------|----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | |
| U.S. NATIONAL STAGE FEES | | | | | | | 7 | RATE | FEE | | RATE | FEE |
| BAS | C FEE | | | | | | 1 | BASIC FEE | | OR | BASIC FEE | 300 |
| EXA | MINATION FE | E | | | | | 1 | EXAM. FEE | | 1 | EXAM. FEE | 200 |
| SEA | RCH FEE | | | | | | 11 | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | 11 | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20 = ± | | * | | 1 | X \$ 25 = | | OŘ | X \$ 50 = | |
| INDE | PENDENT CL | AIMS | 3 minus 3 = . | | | | 11 | X \$ 100 = | <u> </u> | OR | X \$ 200 = | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | SENT | | | | 1 | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column | | | | | | lumn 2 | י ב | TOTAL | | OR | TOTAL | 900 |
| AMENDMENT A | 15/07 Total | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | Minus | (Colur HIGH NUMI PREVIC PAID | nn 2) EST BER DUSLY | (Column 3) PRESENT EXTRA | | SMALL E | ADDI- TIONAL FEE | OR OR | OTHER SMALL E | |
| | Independent | | Minus | | 5 | <u> </u> | ┨╏ | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | SENTATION OF A | MULTIPLE DE | PENDENT | CLAIM | , | J L | + \$ 180 = TOTAL ADDIT. FFF | | OR OR | + \$ 360 = | |
| | | (Column 1) | | (Cotur | | (Column 3) | 7 . F | | | I I | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | NUMI PREVIO PAID | USLY | PRÉSENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |] [| + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| • | If the "Highest N | umn 1 is less than th umber Previously Pa | id For IN THIS | SPACE is less | s than '20 |), enter "20". | | | | • | | |
| *** | If the "Highest N | umber Previously Pa mber Previously Pai | ld For IN THIS | SPACE is less | s than '3' | , enter "3". | d in the | appropriate box | in column | 1. | | |